

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/786746**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				2		2
4				2		2
5				2		2
6				2		2
7				2		2
8				2		2
9				2		2
10				2		2
11				2		2
12			1	1		1
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
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TOTAL IND.			1		1	
TOTAL DEP.			19		23	
TOTAL CLAIMS			20		25	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS